

## QUESTIONNAIRE FOR PROSPECTIVE JURORS

MY JUROR NAME IS: \_\_\_\_\_  
(fill in your name)

### PLEASE READ ALL OF THESE INSTRUCTIONS BEFORE FILLING OUT THE QUESTIONNAIRE.

1. You are now a prospective juror. The Judge and the attorneys need you to answer this questionnaire in order to select a fair and impartial jury for this case.
2. Please answer each question below as completely and accurately as you can. The only purpose of the questionnaire is to learn about your background, and to obtain your full and candid opinions, so that the final jury will be fair and impartial. Your *full* written answers will save a great deal of time later for the Judge, for the lawyers, and for you.
3. **The Judge and attorneys will use this questionnaire ONLY to assist them in the jury selection process. The information that you provide is strictly confidential and will NOT be used for any purpose other than selecting the jury in this case.**
4. You are not to discuss the questions or your answers with family members, friends, or even fellow jurors. It is important that your answers be your own. You will be asked questions in this questionnaire about matters involving you, your spouse, your “significant other” (if you are not married but are living with someone in a relationship otherwise like a marriage), and your immediate family members. Immediate family is defined to mean your natural and adopted children, your parents, step-parents, and your grandparents (if they reside with you). Please be certain to respond to each inquiry where the request seeks information about someone other than you and to indicate in your response whether such person is your spouse, your significant other, member of your immediate family.
5. You must sign your questionnaire. By signing, **you promise to the Court under oath** that your answers are complete and truthful.
6. If the space provided to you is not sufficient for a full answer to any question, you may continue that answer on the blank page at the end. Write the question number to identify the remainder of your answer. **Please write legibly.**
7. After the Judge and attorneys have read the questionnaires, they will ask you follow-up questions. If there is any personal or confidential information that you wish to discuss only in private with the Judge and attorneys, you may do so simply by **asking to answer privately.**



10. Do you hold a professional or vocational license or certification?

Professional ☐ Yes ☐ No

Vocational ☐ Yes ☐ No

Job or trade specific ☐ Yes ☐ No

If **YES**, please state the type of license or certification and the year it was earned:

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11. Do you, any immediate family members (*meaning your parents, siblings, or children*), your spouse, or significant other, have any employment, education, training, policy development, volunteer experience, or other experience in the following areas? (*check yes or no for each*)

		Yes/Who	No
a	PVC manufacture, sales or industrial use		
b	Evaluation, review or investigation of claims		
c	Medicine or health care		
d	Investigation of people		
e	Law enforcement or investigation		
f	Journalism, media		
g	Attorney, law office or the court system		
h	Psychiatric, psychological or mental health care		
i	Shipping, receiving or warehouse		
j	Insurance		
k	Accident investigation or reconstruction		
l	Fire department or paramedics		
m	Chemical manufacture or sales		
n	Government employment		

12. Have you or an immediate family member ever worked for a company that went out of business? ☐ Yes, \_\_\_\_\_ (who) ☐ No

13. Have you even been a supervisor or does/did your work require you to supervise others? ☐ Yes ☐ No

14. If **YES**, what is the largest number of people you have supervised? \_\_\_\_\_

15. Are you: (*circle one*)

Married Separated Divorced Never Married Widowed Living alone

16. Please list your spouse's/significant other's *current* job first, and then the *last two* jobs he/she has held. If **retired**, **unemployed** or **homemaker**, please list the last job he/she held outside the home:

Employer	Position/Title	Reason for Leaving	Length of Time


17. What is the highest level of education your spouse/significant other has achieved?  
(please check one)

- ☐ Less than High School      ☐ Associate's Degree  
☐ High School Graduate      ☐ College Graduate  
☐ Vocational School      ☐ Post-College Graduate/Master's  
☐ Some College      ☐ Ph.D./M.D./J.D.

18. Have you or has your spouse, significant other, or immediate family member ever worked for a large company or corporation?

- ☐ Yes, self      ☐ Yes, spouse, significant other or immediate family member      ☐ No

If YES, was that experience generally: \_\_\_\_\_Positive \_\_\_\_\_Negative \_\_\_\_\_Neutral

If YES, what company and what was your/their job position: \_\_\_\_\_

19. Have you or has your spouse, significant other, or immediate family member ever felt that you/they were taken advantage of by a large company or corporation?

- ☐ Yes, self      ☐ Yes, spouse, significant other or immediate family member      ☐ No

If YES, please explain the circumstances: \_\_\_\_\_

20. Have you or has your spouse, significant other, or immediate family member ever owned a business? ☐ Yes, self      ☐ Yes, spouse, significant other or immediate family member      ☐ No

If YES, explain who owned the business and what type of business:

Owner	Type of Business

21. Have you or has your spouse, significant other, or immediate family member ever been a skilled laborer (for example, a carpenter or a plumber)?

- ☐ Yes, self      ☐ Yes, spouse, significant other or immediate family member      ☐ No

If YES, please explain: \_\_\_\_\_

22. Please list all persons, including yourself, your spouse, significant other, or immediate family member who have served in the military.

Person Who Served	Number of Years	Branch(es)

23. Have you or has your spouse, significant other, or immediate family member ever been a member of a union? ☐ Yes ☐ No

If **YES**, please state: (1) who was a member of the union, and (2) whether that person was involved in a leadership position in the union, or involved with negotiating union contracts with employers:

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24. Do you have any children? ☐ Yes ☐ No

If **YES**, how many children do you have? \_\_\_\_\_ What are their ages? \_\_\_\_\_

25. If you have children/stepchildren **over age 18**, please provide the following information:

Age	Job	Employer	Years in School

26. Please list **your parents'** primary jobs. If **retired, deceased, unemployed** or **homemaker**, please list the last job he/she held outside the home:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

27. Does your current or past work involve working in a large-scale manufacturing operation? (*please check one*)

☐ Yes, current work

☐ No

☐ Yes, past work

☐ Unsure

☐ Yes, both current and past work

If **YES**, what chemicals do you or have you worked with or have knowledge of? \_\_\_\_\_

28. Have you ever been injured while working at your job (past or present)?

☐ Yes ☐ No

If **YES**, please explain the following: How you were injured: \_\_\_\_\_

Did you file a claim or lawsuit as a result of your on-the-job injury? ☐ Yes ☐ No

If you filed a claim or lawsuit, were you satisfied with the outcome of the lawsuit?

☐ Yes ☐ No

29. Have you ever filed a Complaint with OSHA? If yes, please explain the circumstances that caused you to make the complaint and its ultimate resolution. \_\_\_\_\_

30. When it comes to government regulation of industrial products, do you think there should be \_\_\_\_\_ more \_\_\_\_\_ less regulation?

31. When a worker is injured at work from exposure to chemicals, it is *usually* the fault of:

\_\_\_\_\_ the worker

\_\_\_\_\_ the manufacturer of the chemical

\_\_\_\_\_ the employer

\_\_\_\_\_ it depends on the circumstances

32. Have you or an immediate family member ever worked in an environment where vinyl chloride was used? ☐ Yes ☐ No

If **YES**, please identify the who the worker was, the workplace and the safety precautions in effect to protect fellow employees from the hazards of vinyl chloride: \_\_\_\_\_

33. Have you ever worked in an environment that posed risks to your health?  
☐ Yes ☐ No

If YES, what were the health risks presented by your job? \_\_\_\_\_

If YES, were you warned about the health risks? \_\_\_\_\_

If YES, did you affirmatively respond to the warnings concerning these health risks and, if so, how? \_\_\_\_\_

34. Have you ever used any safety equipment such as gloves, aprons, and/or respirators?  
☐ Yes ☐ No

If YES, when, where, and why did you use this safety equipment and for how long? \_\_\_\_\_

Have you, your spouse, significant other or an immediate family member ever been asked to work with industrial chemicals without having been fully trained as to their safety?  
☐ Yes ☐ No

If YES, please name the person involved and describe the chemicals involved and the circumstances: \_\_\_\_\_

35. Have you ever read any materials from the suppliers of industrial chemicals in the work place? ☐ Yes ☐ No

If YES, how did you get them? \_\_\_\_\_

36. Have you, your spouse, significant other, or a member of your immediate family ever been injured in an industrial accident of any kind? ☐ Yes ☐ No

If YES, please name the person and describe the accident: \_\_\_\_\_

37. Would you say that workers can safely work with industrial chemicals if there is adequate warning provided and the necessary precautions and appropriate safety equipment are used?  
☐ Yes ☐ No

38. Have you, your spouse, significant other or immediate family member been seriously disabled as a result of illness or accident? ☐ Yes ☐ No

If **YES**, who? (*please circle all that apply*) A. Self B. Family Member C. Spouse  
D. Significant Other

Please explain who it is and the condition: \_\_\_\_\_

What caused the condition: \_\_\_\_\_

What was the person's occupation when the condition occurred: \_\_\_\_\_

Did the condition occur on the job? ☐ Yes ☐ No ☐ Unsure

39. Have you ever cared for your spouse, significant other or immediate family member who is seriously disabled or who suffers/suffered from a debilitating or terminal illness?  
☐ Yes ☐ No

If **YES**, who? (*please circle all that apply*) A. Self B. Family Member  
C. Significant Other

Please explain who it is and the condition: \_\_\_\_\_

What caused the condition: \_\_\_\_\_

What was the person's occupation when the condition occurred: \_\_\_\_\_

Did the condition occur on the job? ☐ Yes ☐ No ☐ Unsure

40. Has a spouse, significant other, or immediate family member ever been killed or died as a result of a work-related accident? ☐ Yes, self ☐ Yes, spouse, significant other or immediate family member ☐ No

41. Please use the following scale to indicate the extent to which you agree or disagree with each of the following statements. *There are no right or wrong answers; we are simply interested in your opinions.*

**SD=Strongly Disagree, D=Disagree, U=Undecided, A= Agree, SA=Strongly Agree**

Do You Agree With This Statement?	SD	D	U	A	SA
a) People take too little responsibility for their own actions these days.					
b) People are too ready to sue					
c) People file lawsuits as a way to blame others for the bad things that inevitably happen in life					
d) Most companies (the employer) work hard to ensure that their employees are protected from industrial or work-related accidents					
e) Companies frequently hide information from the public about the potential dangers of their products					
f) The push for tort reform is an attempt by large companies to avoid responsibility for harm they sometimes cause					
g) Companies sometimes choose profits over people's well-					



being or safety					
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42. If you ever had a serious bodily injury because of the negligence of another, would you sue? ☐ Yes ☐ No

43. Please list 3 people you admire most:

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44. Please list 3 people you admire least:

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45. What sources do you use, if any, to stay up on current events? (Check all that apply):

- ☐ Newspaper
- ☐ TV
- ☐ Talk radio/radio
- ☐ Internet

46. What clubs, organizations, or community activities, if any, do you participate in? (Please list all business, social, professional, sports, political, civic, religious, and other organizations):

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47. In general, which of the following categories best describes your political views? (*check one*)

- ☐ Very conservative  
☐ Conservative  
☐ Middle of the road  
☐ Liberal  
☐ Very Liberal

48. How would you describe your life experiences over the last five (5) years? (*please circle one*)

- A. Extremely positive    B. Somewhat positive    C. Somewhat negative  
D. Extremely negative

49. Have you, your spouse, your significant other or immediate family member ever filed a lawsuit?    ☐ Yes    ☐ No

If **YES**, who? (please check all that apply)    ☐ Self    ☐ Family member  
☐ Significant Other

What was the outcome?    ☐ I won    ☐ I lost    ☐ They won    ☐ They lost    ☐ Other

Please explain the circumstance of the lawsuit(s): \_\_\_\_\_

50. Have you, your spouse, significant other or immediate family member ever been sued in a lawsuit?    ☐ Yes    ☐ No

If **YES**, who? (*please check all that apply*)    ☐ Self    ☐ Family member    ☐ Spouse  
☐ Significant Other

What was the outcome?    ☐ I won    ☐ I lost    ☐ They won    ☐ They lost    ☐ Other

Please explain the circumstance of the lawsuit(s): \_\_\_\_\_

51. Have you, your spouse, significant other or immediate family member ever filed any of the following types of claims?

**S=Self, SP=Spouse, SO=Significant Other, F=Family member**

☐ S    ☐ SP    ☐ SO    ☐ F Personal Injury?

If **YES**, Please explain: \_\_\_\_\_

☐ S    ☐ SP    ☐ SO    ☐ F Disability?

If **YES**, Please explain: \_\_\_\_\_

☐ S    ☐ SP    ☐ SO    ☐ F Small Claims?

If **YES**, Please explain: \_\_\_\_\_

52. Have you ever been a trial juror before? ☐ Yes ☐ No

If **YES**, please provide the following details for each time you were a trial juror:

When?	Civil or Criminal Case?	Was there a Verdict? (describe)	Were you Foreperson?

53. If you have served on a jury before, how do you feel about your previous jury service?  
☐ Positive ☐ Neutral ☐ Negative

Please explain: \_\_\_\_\_

54. Have you, your spouse, significant other or immediate family member ever been a witness in a lawsuit before? ☐ Yes, self ☐ Yes, spouse, significant other or immediate family member ☐ No

If **YES**, please describe: \_\_\_\_\_

55. Are you, your spouse, significant other, or immediate family member currently or formerly an attorney, judge, or law student? ☐ Yes, self ☐ Yes, spouse, significant other or immediate family member ☐ No

If **YES**, please describe: \_\_\_\_\_

56. Is there any reason you might begin jury service with a bias against:  
A. The plaintiff who is bringing a lawsuit on behalf of his father's estate against the suppliers of chemicals that are suspected of causing the decedent's occupational illness and death?  
☐ Yes ☐ No

B. The defendant who is being sued for supplying chemicals to the decedent's former employers? ☐ Yes ☐ No

If **YES**, to either question, please explain: \_\_\_\_\_

57. Please use this space to tell us anything else you think we should know about you before we begin to select a jury:

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58. Have you, your spouse, significant other, or any member of your immediate family been convicted of a felony? ☐ Yes ☐ No

If **YES**, who was the person convicted? \_\_\_Self \_\_\_Other family member (Who \_\_\_\_\_)

59. Have you, your spouse, significant other or member of you immediate family been convicted of any of the following offenses?

False swearing ☐ Yes ☐ No

If yes, who was the person convicted? \_\_\_\_\_

Perjury ☐ Yes ☐ No

Driving under the influence of alcohol ☐ Yes ☐ No

60. Do you have a vision problem which might affect your ability to serve as a juror?  
☐ Yes ☐ No

If yes, please describe the vision problem: \_\_\_\_\_

61. Do you have a hearing problem which might affect your ability to serve as a juror?  
☐ Yes ☐ No

If yes, please describe the hearing problem: \_\_\_\_\_

62. Do you have any other health problems which might affect your ability to serve as a juror? ☐ Yes ☐ No

If yes, please describe the nature of your health problem: \_\_\_\_\_

63. Do you know Andrew S. Lipton, Ronald L. Simon, Randall D. Collins, Herschel L. Hobson, Kelly Elswick-Hall or anyone associated with the law firm The Masters Law Firm in Charleston, West Virginia? ☐ Yes ☐ No

If yes, who do you know: \_\_\_\_\_

64. Do you know Sabrina Dulaney, Melissa Kearns, Chester Roney, the children of Henry Clay Roney, Jr.?

If yes, describe how you know him/her and in what capacity: \_\_\_\_\_

65. Do you know Tim Coughlin, Tom Feher, Andrea Daloia or anyone associated with the law firm of Thompson Hine located in Cleveland, Ohio? ☐ Yes ☐ No

If yes, who do you know: \_\_\_\_\_

66. Do you know Michael Farrell or anyone associated with the law firm of Farrell, Farrell & Farrell located in Huntington, West Virginia? ☐ Yes ☐ No

If yes, who do you know: \_\_\_\_\_

67. Do you know Charles M. Love, Diana Leigh Johnson, Robert Hogan or anyone associated with the law firm of Bowles Rice McDavid Graff & Love located in Charleston, West Virginia?

If yes, who do you know: \_\_\_\_\_

68. Do you know Gail Ford or Joe Lonardo or anyone associated with the law firm of Vorys, Sater, Seymour and Pease LLP of Columbus, OH and Washington, D.C.? ☐ Yes ☐ No

If yes, who do you know: \_\_\_\_\_

69. Do you know Michael B. Victorson or anyone associated with the law firm of Jackson Kelly of Charleston, WV? ☐ Yes ☐ No

If yes, who do you know: \_\_\_\_\_

70. Have you or any member of your immediate family ever had cancer? ☐ Yes ☐ No

If yes, please disclose the person involved and the circumstances of the cancer: \_\_\_\_\_

71. Have you or any member of your immediate family ever worked for:

Pantasote, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PPG Industries, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Goodyear Tire & Rubber Co.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pactiv Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenneco Automotive, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hexion Specialty Chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bordon Chemicals, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Products & Chemicals, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
American Chemistry Council	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturing Chemists Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemical Manufacturers Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chevron U.S.A., Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gulf Oil Co.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ConocoPhillips Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conoco, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Dow Chemical Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethyl Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GenCorp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Tire and Rubber Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Georgia Pacific Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Goodrich Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.F. Goodrich Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honeywell International, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allied Signal, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monsanto Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PolyOne Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Geon Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rhone-Poulenc, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stauffer Chemical Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sasol, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condea Vista Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Union Carbide Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemtura Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uniroyal, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U.S. Rubber Co.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Zeneca, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ICI Americas, Inc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please describe what job you held, when, where and for how long: \_\_\_\_\_

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72. Do you know of any circumstances that would make it difficult or impossible for you to serve on this jury for a period of time beginning September 28 through October 23, 2009?

☐ Yes ☐ No

If yes, please describe your circumstances: \_\_\_\_\_

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I certify that all of my answers are true, to the best of my knowledge and belief.

Sign your full name here: \_\_\_\_\_

*(Your signature)*

**Questions Defendants request be included that Plaintiff objects to:**

1. Approximately how many times per year do you visit a doctor? \_\_\_\_\_  
How many different doctors have you seen in the last 5 years? \_\_\_\_\_
2. Does your current or past work involve working in a large-scale manufacturing operation? *(please check one)*
- ☐ Yes, current work ☐ No  
☐ Yes, past work ☐ Unsure  
☐ Yes, both current and past work
- If **YES**, did you receive safety training from your employer or supervisor? ☐ Yes ☐ No
- If **YES**, did you receive operating instructions from your employer or supervisor?  
☐ Yes ☐ No
3. Generally speaking, would you say that working in a chemical plant is extremely dangerous, about as dangerous as any job, generally safer than other jobs?
- ☐ Extremely dangerous  
☐ About the same as other jobs  
☐ Safer than other jobs  
☐ Insufficient Knowledge  
☐ Don't know

Please explain why you feel that way \_\_\_\_\_

4. Generally speaking, would you say that working in a plastics manufacturing plant is extremely dangerous, about as dangerous as any job, generally safer than other jobs?
- ☐ Extremely dangerous  
☐ About the same as other jobs  
☐ Safer than other jobs  
☐ Insufficient Knowledge  
☐ Don't know

Please explain why you feel that way \_\_\_\_\_

5. Please use the following scale to indicate the extent to which you agree or disagree with each of the following statements. *There are no right or wrong answers; we are simply interested in your opinions.*

***SD=Strongly Disagree, D=Disagree, U=Undecided, A=Agree, SA=Strongly Agree***

<b>Do You Agree With This Statement?</b>	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
a) When someone is injured when using a product, the company that manufactured the product should pay even if there is no proof that the company did anything wrong					